

U.S. Department of Justice  
United States Marshals Service


# PROCESS RECEIPT AND RETURN See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <u>Felix Sardisco</u>		COURT CASE NUMBER <u>1:13-cv-2701</u>
DEFENDANT <u>Direct Import Home Decor, Inc. et al</u>		TYPE OF PROCESS <u>Complaint &amp; Summons</u>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
SERVE AT	<u>Direct Import Home Decor, Inc.</u> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>4979 West 130th Street, Cleveland OH 44135</u>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		
<u>Lei Jiang Law Firm</u> <u>26943 Westwood Rd</u> <u>Westlake, OH 44145</u>		Number of process to be served with this Form 285 <u>1</u>
		Number of parties to be served in this case <u>6</u>
		Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>(440) 835-2271</u>	DATE <u>12/6/2013</u>
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## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy _____	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
 United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
 See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <u>Felix Sardisco</u> <hr/> DEFENDANT <u>Direct Import Home Decor, Inc.</u> <hr/> NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE <u>Eddie J. Ni</u> AT <u>3403 East Galloway Dr. Richfield, OH 44286</u> <hr/> SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <u>Lei Jiang Law Firm</u>  <u>26943 Westwood Rd.</u>  <u>Westlake, OH 44145</u> </div>	COURT CASE NUMBER <u>1:13-cv-2701</u> <hr/> TYPE OF PROCESS <u>Summons</u> <hr/> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Number of process to be served with this Form 285</td> <td style="width:40%; text-align: center;">1</td> </tr> <tr> <td>Number of parties to be served in this case</td> <td style="text-align: center;">6</td> </tr> <tr> <td>Check for service on U.S.A.</td> <td></td> </tr> </table>	Number of process to be served with this Form 285	1	Number of parties to be served in this case	6	Check for service on U.S.A.	
Number of process to be served with this Form 285	1						
Number of parties to be served in this case	6						
Check for service on U.S.A.							

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: <div style="text-align: center; margin-top: 10px;"> </div>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>(440) 835-2271</u>	DATE <u>12/6/2013</u>
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above ( <i>See remarks below</i> )					
Name and title of individual served ( <i>if not shown above</i> ) _____				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address ( <i>complete only different than shown above</i> ) _____				Date _____	Time <input type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy _____	
Service Fee	Total Mileage Charges including <i>endeavors</i>	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

**PRINT 5 COPIES:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
 United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <u>Felix Sardisco</u>	COURT CASE NUMBER <u>1:13-cv-2701</u>
DEFENDANT <u>Direct Import Home Decor, Inc</u>	TYPE OF PROCESS <u>Summons</u>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>SERVE AT</b> <u>Ling Ling Anyeung Ni</u>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>3403 East Galloway Dr, Richfield, OH 44286</u>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <u>Lei Jiang Law Firm</u>  <u>26943 Westwood Rd.</u>  <u>Westlake OH 44145</u> </div>	
	Number of process to be served with this Form 285 <div style="border: 1px solid black; width: 40px; text-align: center; margin: 0 auto;">1</div>
	Number of parties to be served in this case <div style="border: 1px solid black; width: 40px; text-align: center; margin: 0 auto;">6</div>
	Check for service on U.S.A. <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: <u>[Signature]</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>(440) 835-2271</u>	DATE <u>12/6/2013</u>
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### SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) _____	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above) _____	Date _____ Time _____ <div style="text-align: right;"> <input type="checkbox"/> am  <input type="checkbox"/> pm                 </div>
Signature of U.S. Marshal or Deputy _____	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

#### PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
 United States Marshals Service

## PROCESS RECEIPT AND RETURN


See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <u>Felix Sardoisco</u>		COURT CASE NUMBER <u>1:13-cv-2701</u>	
DEFENDANT <u>Direct Import Home Decor, Inc.</u>		TYPE OF PROCESS <u>Summons</u>	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Eric CHEUNG</u>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>4979 West 130th Street, Cleveland, OH 44135</u>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	<u>1</u>
<input type="checkbox"/> <u>Lei Jiang Law Firm</u> <u>26943 Westwood Rd</u> <input type="checkbox"/> <u>Westlake OH 44145</u>		Number of parties to be served in this case	<u>6</u>
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>(440) 835-2271</u>	DATE <u>12-6-2013</u>
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### SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	_____	No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
United States Marshals Service

Case: 1:13-cv-02701-PAG Doc #: 1-2 Filed: 12/09/13 5 of 6. PageID #: 36

# **PROCESS RECEIPT AND RETURN** See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <u>Felix Sardisco</u>		COURT CASE NUMBER <u>1:13-cv-2701</u>
DEFENDANT <u>Direct Import Home Decor, Inc. et al.</u>		TYPE OF PROCESS
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Fannie Chen</u>	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>4979 West 130th Street, Cleveland, OH 44135</u>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		
<input type="checkbox"/> <u>Lei Jiang Law Firm</u> <u>26943 Westwood Rd</u> <input type="checkbox"/> <u>Westlake OH 44145</u>		Number of process to be served with this Form 285 <u>1</u>
		Number of parties to be served in this case <u>6</u>
		Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

(440) 835-2271

12/6/2013

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		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date \_\_\_\_\_ Time \_\_\_\_\_  
☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

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3. NOTICE OF SERVICE
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5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
United States Marshals Service

# **PROCESS RECEIPT AND RETURN** See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <u>Felix Sardisco</u>	COURT CASE NUMBER <u>1:13-cv-2701</u>
DEFENDANT <u>Direct Import Home Decor, Inc.</u>	TYPE OF PROCESS <u>Summons</u>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Cheng Long Huang</u>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>4979 West 130th Street, Cleveland OH 44135</u>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):  <u>Lei Jiang Law Firm</u> <u>26943 Westwood Rd</u> <u>Westlake, OH 44145</u>	Number of process to be served with this Form 285	<u>1</u>
	Number of parties to be served in this case	<u>6</u>
	Check for service on U.S.A.	

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: <u>[Signature]</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>(440) 835-2271</u>	DATE <u>12-6-2013</u>
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Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	
Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm	
Signature of U.S. Marshal or Deputy _____	

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  5. ACKNOWLEDGMENT OF RECEIPT

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